

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
097719316

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4	C	C				
5	1		1			
6	C	C				
7		1		1		
8		1		1		
9		1		1		
10		4		3		
11	1		1			
12		1		1		
13		2		2		
14		2		2		
15		1		1		
16		(1)		(1)		
17		(1)		(1)		
18		(1)		2		
19		(1)		2		
20		(1)		2		
21		(1)		2		
22	1		1			
23		1		1		
24		2		2		
25		(1)		(1)		
26		(1)		(1)		
27		(1)		(1)		
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50						
TOTAL	4	1	4	1		
TOTAL	26		31			
TOTAL	32		31			

	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		AFTER 3rd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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